

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

JOHN MCNEIL FOR CONGRESS

ADDRESS (number and street)

6325 FALLS OF NEUSE RD

STE 35-233

Check if different
than previously
reported. (ACC)

RALEIGH

NC

27615

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00603506

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NC

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

05

D D /

19

Y Y Y Y /

2016

through

M M /

06

D D /

30

Y Y Y Y /

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOHN P MCNEIL

Signature of Treasurer

JOHN P MCNEIL

[Electronically Filed]

Date

M M /

07

D D /

15

Y Y Y Y /

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

JOHN MCNEIL FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8983.71	20274.12
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	8983.71	20274.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9026.76	23221.87
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	9026.76	23221.87
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3286.25	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	4494.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 30

Write or Type Committee Name

JOHN MCNEIL FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

5661.87

12068.67

(ii) Unitemized.....

2787.75

6983.25

(iii) TOTAL of contributions from individuals ▶

8449.62

19051.92

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

534.09

1222.20

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

8983.71

20274.12

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

4494.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

4494.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

1740.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

8983.71

26508.12

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 30

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9026.76	23221.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	9026.76	23221.87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3329.30
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8983.71
25. SUBTOTAL (add Line 23 and Line 24).....	12313.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9026.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3286.25

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 30

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Kimberly Aspenleiter

Mailing Address PO Box 1895

City

Southern Pines

State

NC

Zip Code

28388

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moore Equine Feed & Supply

Occupation

Owner/Manager

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3835.92

Date of Receipt

M M / D D / Y Y Y Y
05 / 19 / 2016

Transaction ID : SA11AI.4483

Amount of Each Receipt this Period

109.89

☐ Memo Item

In-kind - office supplies

Full Name (Last, First, Middle Initial)

Kimberly Aspenleiter

Mailing Address PO Box 1895

City

Southern Pines

State

NC

Zip Code

28388

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moore Equine Feed & Supply

Occupation

Owner/Manager

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4022.21

Date of Receipt

M M / D D / Y Y Y Y
06 / 05 / 2016

Transaction ID : SA11AI.4523

Amount of Each Receipt this Period

186.29

☐ Memo Item

In-kind - volunteer dinner

Full Name (Last, First, Middle Initial)

Kimberly Aspenleiter

Mailing Address PO Box 1895

City

Southern Pines

State

NC

Zip Code

28388

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moore Equine Feed & Supply

Occupation

Owner/Manager

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5422.21

Date of Receipt

M M / D D / Y Y Y Y
06 / 06 / 2016

Transaction ID : SA11AI.4526

Amount of Each Receipt this Period

1400.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1696.18

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Kimberly Aspenleiter

Mailing Address PO Box 1895

City

Southern Pines

State

NC

Zip Code

28388

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moore Equine Feed & Supply

Occupation

Owner/Manager

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5922.21

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		15		2016

Transaction ID : SA11AI.4546

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kimberly Aspenleiter

Mailing Address PO Box 1895

City

Southern Pines

State

NC

Zip Code

28388

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moore Equine Feed & Supply

Occupation

Owner/Manager

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

7529.93

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11AI.4665

Amount of Each Receipt this Period

1607.72

☐ Memo Item

In-kind - Campaign Materials

Full Name (Last, First, Middle Initial)

C. Kimberly Aspenleiter

Mailing Address PO Box 1895

City

Southern Pines

State

NC

Zip Code

28388

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moore Equine Feed & Supply

Occupation

Owner/Manager

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

7537.90

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.4705

Amount of Each Receipt this Period

7.97

☐ Memo Item

In-kind - postage

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2115.69

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Margaret F Burton

Mailing Address 3504 Woodlawn Rd

City

Rocky Mount

State

NC

Zip Code

27804

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
homemaker

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2016

Transaction ID : SA11AI.4587

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Donald Davis

Mailing Address 1305 Downhill Slide Trail

City

Raleigh

State

NC

Zip Code

27614

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
retired

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11AI.4612

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Lary Dial

Mailing Address 616 Weathergreen Drive

City

Raleigh

State

NC

Zip Code

27615

FEC ID number of contributing
federal political committee.

C

Name of Employer
ElireOccupation
Computer Programmer

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11AI.4636

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

James Kalat

Mailing Address 105 Sonoma Valley Dr

City	State	Zip Code
Cary	NC	27518

FEC ID number of contributing federal political committee.

C

Name of Employer
retiredOccupation
professor

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11AI.4645

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Susan Maiolo

Mailing Address 12212 Penrose Trail

City	State	Zip Code
Raleigh	NC	27614

FEC ID number of contributing federal political committee.

C

Name of Employer
WakeMedOccupation
Application Analyst

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11AI.4517

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

5661.87

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 30

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOHN P MCNEIL

Mailing Address 6325 FALLS OF NEUSE RD.

SUITE 35-233

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing
federal political committee.**C** H6NC13046

Name of Employer

McNeil Law Firm

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5246.61

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		19		2016

Transaction ID : SA11D.4486

Amount of Each Receipt this Period

64.50

☐ Memo Item
 In-kind - copies

Full Name (Last, First, Middle Initial)

JOHN P MCNEIL

Mailing Address 6325 FALLS OF NEUSE RD.

SUITE 35-233

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing
federal political committee.**C** H6NC13046

Name of Employer

McNeil Law Firm

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5328.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		20		2016

Transaction ID : SA11D.4488

Amount of Each Receipt this Period

81.75

☐ Memo Item
 In-kind - copies

Full Name (Last, First, Middle Initial)

JOHN P MCNEIL

Mailing Address 6325 FALLS OF NEUSE RD.

SUITE 35-233

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing
federal political committee.**C** H6NC13046

Name of Employer

McNeil Law Firm

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5380.31

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		26		2016

Transaction ID : SA11D.4495

Amount of Each Receipt this Period

51.95

☐ Memo Item
 In-kind - campaign lunch
SUBTOTAL of Receipts This Page (optional).....

198.20

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 30

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOHN P MCNEIL

Mailing Address 6325 FALLS OF NEUSE RD.

SUITE 35-233

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing
federal political committee.

C H6NC13046

Name of Employer

McNeil Law Firm

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5430.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 29 2016

Transaction ID : SA11D.4499

Amount of Each Receipt this Period

4.26

☐ Memo Item

In-kind - office supplies

Full Name (Last, First, Middle Initial)

JOHN P MCNEIL

Mailing Address 6325 FALLS OF NEUSE RD.

SUITE 35-233

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing
federal political committee.

C H6NC13046

Name of Employer

McNeil Law Firm

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5426.29

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 29 2016

Transaction ID : SA11D.4500

Amount of Each Receipt this Period

45.98

☐ Memo Item

In-kind - fuel, early voting polls

Full Name (Last, First, Middle Initial)

JOHN P MCNEIL

Mailing Address 6325 FALLS OF NEUSE RD.

SUITE 35-233

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing
federal political committee.

C H6NC13046

Name of Employer

McNeil Law Firm

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5459.18

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 01 2016

Transaction ID : SA11D.4512

Amount of Each Receipt this Period

28.63

☐ Memo Item

In-kind - campaign dinner

SUBTOTAL of Receipts This Page (optional).....

78.87

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 30

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOHN P MCNEIL

Mailing Address 6325 FALLS OF NEUSE RD.

SUITE 35-233

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing
federal political committee.

C H6NC13046

Name of Employer

McNeil Law Firm

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5506.18

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : SA11D.4513

Amount of Each Receipt this Period

47.00

☐ Memo Item

In-kind - fuel, campaign activities

Full Name (Last, First, Middle Initial)

JOHN P MCNEIL

Mailing Address 6325 FALLS OF NEUSE RD.

SUITE 35-233

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing
federal political committee.

C H6NC13046

Name of Employer

McNeil Law Firm

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5649.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : SA11D.4529

Amount of Each Receipt this Period

35.00

☐ Memo Item

In-kind - fuel sign distribution

Full Name (Last, First, Middle Initial)

JOHN P MCNEIL

Mailing Address 6325 FALLS OF NEUSE RD.

SUITE 35-233

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing
federal political committee.

C H6NC13046

Name of Employer

McNeil Law Firm

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5614.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : SA11D.4530

Amount of Each Receipt this Period

107.96

☐ Memo Item

In-kind - primary watch party supplies

SUBTOTAL of Receipts This Page (optional).....

189.96

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 30

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOHN P MCNEIL

Mailing Address 6325 FALLS OF NEUSE RD.

SUITE 35-233

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing
federal political committee.**C** H6NC13046

Name of Employer

McNeil Law Firm

Occupation

Attorney

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5695.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		09		2016

Transaction ID : SA11D.4540

Amount of Each Receipt this Period

46.52

☐ Memo Item

In-kind - campaign lunch

Full Name (Last, First, Middle Initial)

JOHN P MCNEIL

Mailing Address 6325 FALLS OF NEUSE RD.

SUITE 35-233

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing
federal political committee.**C** H6NC13046

Name of Employer

McNeil Law Firm

Occupation

Attorney

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5716.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		11		2016

Transaction ID : SA11D.4541

Amount of Each Receipt this Period

20.54

☐ Memo Item

In-kind - State Convention Lunch

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....

67.06

TOTAL This Period (last page this line number only).....

534.09

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Act Blue

Mailing Address 366 Summer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

City	State	Zip Code
Summerville	MA	02144-3132

Amount of Each Disbursement this Period

59.76

Purpose of Disbursement
processing feeCategory/
Type☐ Memo Item

Transaction ID : SB17.4614

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Kimberly Aspenleiter

Mailing Address PO Box 1895

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

City	State	Zip Code
Southern Pines	NC	28388

Amount of Each Disbursement this Period

109.89

Purpose of Disbursement
In-kind - office suppliesCategory/
Type☐ Memo Item

Transaction ID : SB17.4484

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Kimberly Aspenleiter

Mailing Address PO Box 1895

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2016

City	State	Zip Code
Southern Pines	NC	28388

Amount of Each Disbursement this Period

186.29

Purpose of Disbursement
In-kind - volunteer dinnerCategory/
Type☐ Memo Item

Transaction ID : SB17.4528

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

355.94

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB17

Transaction ID : SB17.4484

Paid To: Office Depot 4500 Falls of Neuse Rd, Suite #120, Raleigh, NC 27609

Form/Schedule: SB17

Transaction ID: SB17.4528

Paid To: Italia Express 103 N Arendell Ave, Zebulon, NC 27597

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Kimberly Aspenleiter

Mailing Address PO Box 1895

City	State	Zip Code
Southern Pines	NC	28388

Purpose of Disbursement
In-kind - Campaign Materials

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 29 / 2016

Amount of Each Disbursement this Period

1607.72

☐ Memo Item

Transaction ID : SB17.4666

B. Kimberly Aspenleiter

Mailing Address PO Box 1895

City	State	Zip Code
Southern Pines	NC	28388

Purpose of Disbursement
In-kind - postage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2016

Amount of Each Disbursement this Period

7.97

☐ Memo Item

Transaction ID : SB17.4706

c. Facebook

Mailing Address 1 Hacker Way

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement
Advertisizing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 22 / 2016

Amount of Each Disbursement this Period

192.68

☐ Memo Item

Transaction ID : SB17.4699

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1808.37

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB17

Transaction ID : SB17.4666

Paid To : Slick Communications, 215 Rolling Acres, Youngsville NC 27596

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Facebook

Mailing Address 1 Hacker Way

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement
Advertisizing

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2016

Amount of Each Disbursement this Period

39.80

☐ Memo Item

Transaction ID : SB17.4702

B. Asa Gregory

Mailing Address 1126 Vance Street, North

City	State	Zip Code
Wilson	NC	27893

Purpose of Disbursement
Fuel Reimbursement/GOTV efforts

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 30 / 2016

Amount of Each Disbursement this Period

166.36

☐ Memo Item

Transaction ID : SB17.4680

c. Asa Gregory

Mailing Address 1126 Vance Street, North

City	State	Zip Code
Wilson	NC	27893

Purpose of Disbursement
GOTV/Polling work

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 05 / 2016

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Transaction ID : SB17.4687

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

306.16

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Jesse Henderson

Mailing Address 7204 Woods Edge Court

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2016

City	State	Zip Code
Raleigh	NC	27615

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
videographyCategory/
Type☐ Memo Item

Transaction ID : SB17.4688

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Hewitt Campaigns

Mailing Address 543 Doorley Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2016

City	State	Zip Code
Sidney	OH	45365

Amount of Each Disbursement this Period

2070.00

Purpose of Disbursement
Consulting ServicesCategory/
Type☐ Memo Item

Transaction ID : SB17.4678

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Hewitt Campaigns

Mailing Address 543 Doorley Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

City	State	Zip Code
Sidney	OH	45365

Amount of Each Disbursement this Period

2251.40

Purpose of Disbursement
Consulting ServicesCategory/
Type☐ Memo Item

Transaction ID : SB17.4698

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4421.40

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Lasting Printing & Graphics

Mailing Address 2803 Industrial Drive

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Campaign Materials

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2016

Amount of Each Disbursement this Period

240.19

☐ Memo Item

Transaction ID : SB17.4700

B. JOHN P MCNEIL

Full Name (Last, First, Middle Initial)

Mailing Address 6325 FALLS OF NEUSE RD.
SUITE 35-233

City	State	Zip Code
RALEIGH	NC	27615

Purpose of Disbursement
In-kind - copies

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: NC

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

Amount of Each Disbursement this Period

64.50

☐ Memo Item

Transaction ID : SB17.4487

C. JOHN P MCNEIL

Full Name (Last, First, Middle Initial)

Mailing Address 6325 FALLS OF NEUSE RD.
SUITE 35-233

City	State	Zip Code
RALEIGH	NC	27615

Purpose of Disbursement
In-kind - copies

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: NC

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2016

Amount of Each Disbursement this Period

81.75

☐ Memo Item

Transaction ID : SB17.4489

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

386.44

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. JOHN P MCNEILMailing Address 6325 FALLS OF NEUSE RD.
SUITE 35-233

City RALEIGH State NC Zip Code 27615

Purpose of Disbursement
In-kind - campaign lunch

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President
State: NC District: 02Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2016

Amount of Each Disbursement this Period

51.95

☐ Memo Item

Transaction ID : SB17.4496

B. JOHN P MCNEILMailing Address 6325 FALLS OF NEUSE RD.
SUITE 35-233

City RALEIGH State NC Zip Code 27615

Purpose of Disbursement
In-kind - fuel, early voting polls

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President
State: NC District: 02Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2016

Amount of Each Disbursement this Period

45.98

☐ Memo Item

Transaction ID : SB17.4501

C. JOHN P MCNEILMailing Address 6325 FALLS OF NEUSE RD.
SUITE 35-233

City RALEIGH State NC Zip Code 27615

Purpose of Disbursement
In-kind - office supplies

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President
State: NC District: 02Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2016

Amount of Each Disbursement this Period

4.26

☐ Memo Item

Transaction ID : SB17.4502

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

102.19

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. JOHN P MCNEILMailing Address 6325 FALLS OF NEUSE RD.
SUITE 35-233

City RALEIGH State NC Zip Code 27615

Purpose of Disbursement
In-kind - campaign dinner

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: NC District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

28.63

☐ Memo Item

Transaction ID : SB17.4515

B. JOHN P MCNEILMailing Address 6325 FALLS OF NEUSE RD.
SUITE 35-233

City RALEIGH State NC Zip Code 27615

Purpose of Disbursement
In-kind - fuel, campaign activities

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: NC District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

47.00

☐ Memo Item

Transaction ID : SB17.4514

C. JOHN P MCNEILMailing Address 6325 FALLS OF NEUSE RD.
SUITE 35-233

City RALEIGH State NC Zip Code 27615

Purpose of Disbursement
In-kind - primary watch party supplies

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: NC District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

Amount of Each Disbursement this Period

107.96

☐ Memo Item

Transaction ID : SB17.4531

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

183.96

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. JOHN P MCNEILMailing Address 6325 FALLS OF NEUSE RD.
SUITE 35-233

City RALEIGH State NC Zip Code 27615

Purpose of Disbursement
In-kind - fuel sign distribution

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: NC District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Transaction ID : SB17.4532

B. JOHN P MCNEILMailing Address 6325 FALLS OF NEUSE RD.
SUITE 35-233

City RALEIGH State NC Zip Code 27615

Purpose of Disbursement
In-kind - campaign lunch

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

State: NC District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

46.52

☐ Memo Item

Transaction ID : SB17.4543

C. JOHN P MCNEILMailing Address 6325 FALLS OF NEUSE RD.
SUITE 35-233

City RALEIGH State NC Zip Code 27615

Purpose of Disbursement
In-kind - State Convention Lunch

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

State: NC District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2016

Amount of Each Disbursement this Period

20.54

☐ Memo Item

Transaction ID : SB17.4542

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

102.06

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. NORTH CAROLINA DEMOCRATIC PARTY - FEDERAL

Mailing Address 220 HILLSBOROUGH STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

City	State	Zip Code
RALEIGH	NC	27603

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Jefferson Jackson DinnerCategory/
Type☐ Memo Item

Transaction ID : SB17.4682

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Office DepotMailing Address 4500 Falls of Neuse
Suite 120

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2016

City	State	Zip Code
Raleigh	NC	27609

Amount of Each Disbursement this Period

144.03

Purpose of Disbursement
polling handoutsCategory/
Type☐ Memo Item

Transaction ID : SB17.4674

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. Office DepotMailing Address 4500 Falls of Neuse
Suite 120

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

City	State	Zip Code
Raleigh	NC	27609

Amount of Each Disbursement this Period

168.00

Purpose of Disbursement
polling handoutsCategory/
Type☐ Memo Item

Transaction ID : SB17.4677

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

562.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 3064 Wake Forest Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

City	State	Zip Code
Raleigh	NC	27609

Amount of Each Disbursement this Period

52.30

Purpose of Disbursement
Campaign MaterialsCategory/
Type☐ Memo Item

Transaction ID : SB17.4697

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type☐ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type☐ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

52.30

8280.48

SCHEDULE C (FEC Form 3)
LOANS

PAGE 25 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4250

JOHN MCNEIL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

JOHN P MCNEIL

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6325 FALLS OF NEUSE RD.
SUITE 35-233

City

State

ZIP Code

RALEIGH

NC

27615

Original Amount of Loan

204.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

204.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 17 / 2015

Date Due

M M / D D / Y Y Y Y
as available

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

204.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 26 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4236

JOHN MCNEIL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

JOHN P MCNEIL

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6325 FALLS OF NEUSE RD.
SUITE 35-233

City

State

ZIP Code

RALEIGH

NC

27615

Original Amount of Loan

1740.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1740.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 / 18 / 2015

Date Due

M M / D D / Y Y Y Y
as available

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1740.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 27 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4247

JOHN MCNEIL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

JOHN P MCNEIL

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6325 FALLS OF NEUSE RD.
SUITE 35-233

City

State

ZIP Code

RALEIGH

NC

27615

Original Amount of Loan

750.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

750.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 / 24 / 2015

Date Due

M M / D D / Y Y Y Y
as available

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

750.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 28 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4208

JOHN MCNEIL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

JOHN P MCNEIL

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6325 FALLS OF NEUSE RD.
SUITE 35-233

City

State

ZIP Code

RALEIGH

NC

27615

Original Amount of Loan

300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 17 / 2016

Date Due

M M / D D / Y Y Y Y
as available

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

300.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 29 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4205

JOHN MCNEIL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

JOHN P MCNEIL

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6325 FALLS OF NEUSE RD.
SUITE 35-233

City

State

ZIP Code

RALEIGH

NC

27615

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 23 / 2016

Date Due

M M / D D / Y Y Y Y
as available

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 30 OF 30

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4397

JOHN MCNEIL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

JOHN P MCNEIL

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6325 FALLS OF NEUSE RD.
SUITE 35-233

City

State

ZIP Code

RALEIGH

NC

27615

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
04 / 26 / 2016

Date Due

M M / D D / Y Y Y Y
as available

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

TOTALS This Period (last page in this line only)..... ►

4494.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.